

Application #:	Permit #:	Date Received:
----------------	-----------	----------------

RESIDENTIAL BUILDING PLAN APPLICATION

Submit one application for each building or structure. Please print or type. All sections must be completed.

1	Project Address:		
2	Scope (check all that apply)	3	City/Village/Township:
		4	Parcel ID#:
	<input type="checkbox"/> New Strucural / Building	5	Subdivision:
	<input type="checkbox"/> Interior remodel		Lot #:
	<input type="checkbox"/> Addition	6	Is this project located within flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Electrical	7	Has this project been approved by the Floodplain Administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Mechanical	8	Has this project been approved by the local Zoning Jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Plumbing	9	Has this project been approved by the Board of Health? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Accessory Structure	10	Check all that apply: City Water? <input type="checkbox"/> Well? <input type="checkbox"/> Sewer? <input type="checkbox"/> Septic? <input type="checkbox"/>
	<input type="checkbox"/> Deck / Patio	11	Type of project <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Occupancy
	<input type="checkbox"/> Other	12	Cost of work covered by this application: \$
13	Description of Project		
14	Property Owner:		Attention/Contact:
	Address:		City:
	Phone:		State:
	Email:		Zip:
15	Applicant:		Attention/Contact:
	Address:		City:
	Phone:		State:
	Email:		Zip:
16	Plans prepared by: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Other (list)		
	Name:		Ohio Registration Number:
	Address:		City:
	Phone:		State:
	Email:		Zip:
17	General Contractor:		Attention/Contact:
	Address:		City:
	Phone:		State:
	Email:		Zip:

18	Building Area Summary	Main/First Floor Area (sf):	19	# of Stories:
	Gross Building Area (fs):	Second Floor Area (sf):	20	# of Bedrooms
	Finished Area (sf):	Third Floor Area (sf):	21	# of Dwelling Units
	Unfinished Area (sf):	22 Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	23	Crawl Space: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Basement Area (sf):	24 Fuel Supply: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP <input type="checkbox"/> Other (list)		
	Garage Area (sf):	25 I hereby certify that I am the <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner		
	Deck/Porch Area (sf):	and all information contained in this application is true, accurate, and complete to the best of my knowledge. I understand that the omission of reference to any provisions will not nullify any requirement, nor exempt any structure from such requirement of the Residential Code of Ohio. The owner and the designer identified on the plans and construction documents shall be responsible for the design, structure, safety, and maintenance of the structure per the requirements of the Residential Code of Ohio. The approval of the submitted application, plans, construction documents or any notations thereon, and issuance of this certificate shall not excuse the owner from complying with all rules and laws of the State and County, all of which are implied to be included herein and made a part thereof, all objections to same are hereby waived by the owner or owner's agent whose signature is hereto attached. I understand that all fees are non-refundable and non-transferable. All official correspondence in connection with this application should be sent to my attention at the address provided above in box 14 or 15.		
	Total Altered Area (sf):			
	Total New Area (sf):			
	Print Applicant/Owner Name			
	Applicant/Owner Signature			

THE AREA BELOW IS FOR OFFICIAL USE ONLY

26	Intake Person / Date: _____ / ____ / ____			
Amount Due:		Amount Paid:	<input type="checkbox"/> Cash <input type="checkbox"/> Check #:	
Plan Review In: _____ / ____ / ____	Plan Review Out: _____	Reviewer: _____		
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____	
Plan Review In: _____ / ____ / ____	Plan Review Out: _____	Reviewer: _____		
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____	
Plan Review In: _____ / ____ / ____	Plan Review Out: _____	Reviewer: _____		
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____	
Plan Review In: _____ / ____ / ____	Plan Review Out: _____	Reviewer: _____		
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____	
Plan recommended for approval <input type="checkbox"/> Yes		Signature _____		Date _____ / ____ / ____
Plan Submittal Approved by: _____				Date _____ / ____ / ____
Notes:				